## BEST AVAILABLE COPY

Application or Docket Number

|  | PAIENI       | Effect                           | ive Octob                   |                                   |         | UN RECU          | NU              |       | 09             | 19:    | 24511               | •                      |
|--|--------------|----------------------------------|-----------------------------|-----------------------------------|---------|------------------|-----------------|-------|----------------|--------|---------------------|------------------------|
|  |              | CLAIMS AS                        | Column                      |                                   |         | mn 2)            | SMALL<br>TYPE   | ENTIT | Υ .            | OR:    | OTHER<br>SMALL      | 1                      |
| TC   | TAL CLAIMS   |                                  | 8                           |                                   |         |                  | RATE            | F     | EE             | 1      | RATE                | FEE                    |
| FOR  |              | NUMBER                           | R-FILED NUMBER EXTRA        |                                   | BASIC F | EE 370           | 0.00            | OŖ    | BASIC FEE      | 740.00 |                     |                        |
| TOTAL CHARGEABLE CLAIMS  |              |                                  | 8 min                       | minus 20= *                       |         | X\$ 9            | =               |       | OR             | X\$18= |                     |                        |
| INDEPENDENT CLAIMS   |              |                                  | 1/_mi                       | /minus 3 = 6                      |         | X42=             |                 |       | OR             | X84=   |                     |                        |
| MU   | LTIPLE DEPEN | NDENT CLAIM PI                   | RESENT                      |                                   |         |                  | +140            | _     | -              | OR     | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |              |                                  |                             |                                   |         | TOTA             | L               |       |                |        | 7400                |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |              |                                  |                             |                                   | SMAL    | L ENȚI           | ΤΥ              | OR    | OTHER<br>SMALL |        |                     |                        |
| MENTA  |              | CLAIMS REMAINING AFTER AMENDMENT |                             | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER     | PRESENT<br>EXTRA | RATE            | TIO   | DI-<br>NAL     |        | ŔATE                | ADDI-<br>TIONAL<br>FEE |
| MOZ  | Total        |                                  | Minus                       | <b>△</b> *^^1                     | (p =    | =                | X\$ 9:          | -     | 7.3            | OR     | X\$18=              |                        |
| AMEND  | Independent  | *                                | Minus                       | = +++                             | ()      | = 2 g+NTC        | X42=            |       |                | OR     | X84=                | · .                    |
|  | FIRST PRESE  | ENTATION OF MI                   | JLTIPLE DEF                 | PENDENT                           | CLAIM   |                  | +140:           | =.    | •              | OR     | +280=               | •                      |
|  |              |                                  | المراعق في المجاهدة المارات |                                   |         |                  | TOT<br>ADDIT. F |       | r              | OR     | TOTAL<br>ADDIT. FEE |                        |

|           |  | (Co                              | olumn 1) | 13 Car | : (Column 2)                                | (Column 3)       |  |  |
|-----------|--|----------------------------------|----------|--------|---|------------------|--|--|
| B LN      |  | CLAIMS REMAINING AFTER AMENDMENT |          |        | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  |  |
| MO        | Total  | *                                | TH       | Minus  | - QQ  | п                |  |  |
| AMENDMENT | Independent                                    | *                                | 1        | Minus  | *** (3)                                     | =                |  |  |
|           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |          |        |   |                  |  |  |

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | AD<br>TIOI<br>FE | NAL |
|---------------------|------------------------|----|---------------------|------------------|-----|
| X\$ 9=              |                        | OR | X\$18=              |                  |     |
| X42=                |                        | OR | X84=                |                  |     |
| +140=               |                        | OR | +280=               |                  |     |
| TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT. FEE |                  |     |

|             |  | (Column 1)                       |       | (Column 2)                                  | (Column 3)       |  |  |  |
|-------------|--|----------------------------------|-------|---|------------------|--|--|--|
| AMENDMENT C |  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  |  |  |
|             | Total  | . 15                             | Minus | ** QO                                       | = ~              |  |  |  |
|             | Independent                                    | * /                              | Minus | 3   | =-               |  |  |  |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |   |                  |  |  |  |

ADDI-ADDI-RATE TIONAL RATE TIONAL FEE FEE X\$18= X\$ 9= **OR** X84= X42= OR +280= +140= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.